## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

NARAL Pro-Choice America  (b) Address (number and street)	1.	(a) Name of Individual, C	organization or Corporation	, ,	
Suits 700  (c) City, State and ZIP Code  Washington  DC 20005  2 Corporate fillers only  Is the filer a qualified nonprofit corporation?  Name of Employer  NA  A, TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  Occupation  NA  A, TYPE OF REPORT (check Appropriate boxes):  (b) Is this Report an amendment?  Ves No X  5. COVERING PERIOD: FROM  NO  THROUGH  NO  TOTAL CONTRIBUTIONS  TOTAL INDEPENDENT EXPENDITURES  January Janua					
Suits 700  (c) City, State and ZIP Code  Washington  DC 20005  2 Corporate fillers only  Is the filer a qualified nonprofit corporation?  Name of Employer  NA  A, TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  Occupation  NA  A, TYPE OF REPORT (check Appropriate boxes):  (b) Is this Report an amendment?  Ves No X  5. COVERING PERIOD: FROM  NO  THROUGH  NO  TOTAL CONTRIBUTIONS  TOTAL INDEPENDENT EXPENDITURES  January Janua					
Suita 700 (c) City, State and ZIP Code   Washington   DC   20005   3. FEC Identification Number   C   20004185   C   2000418					
(c) City, State and ZIP Code  Washington  DC 20005  List the filter a qualified nonprofit corporation?  NA  A. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  July 15 Quarterly Report  January 31 Year-End Report  (b) Is this Report an amendment? Yes No X  5. COVERING PERIOD: FROM  List the filter and amendment?  Ves No X  THROUGH  List the filter and the independent expenditures in protocol to conceive the the cooperation or prior consent of or in constitution with, or at the required temperatures reported bearing a signet or authorized is conceived to expenditures reported brain was not made with the cooperations or prior consent of or in constitution with, or at the required acquired expenditures reported brain was not a policial party committee or its agent. In addition, if the independent expenditures reported brain was not application or prior consent of or in constitution with, or at the required the Committee or its agent. In addition, if the independent expenditures reported brain was not applicated party committee or its agent. In addition, if the independent expenditures reported brain was not applications.  Type OR PRINT NAME OF PERSON COMPLETING FORM  List the filter on NA  List the filt the NA  List the fil					
Washington DC 20005  C Copporate filers only Is the filer a qualified nonprofit corporation?  Is the filer a qualified nonprofit corporation?  Ves No  Individual filers only Name of Employer NA  A. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report		(c) City, State and ZIP C	ode		
Corporate filers only Is the filer a qualified nonprofit corporation?  Is the filer a qualified nonprofit corporation?  Individual filers only Name of Employer NA  A, TYPE OF REPORT (check appropriate boxes):  (a)   April 15 Quarterly Report   July 15 Quarterly Report   October Quarterly Report   January 31 Year-End Report   January 31 Year-End Report   S. COVERING PERIOD: FROM   M	,	Washington	nc	20005	3. FEC Identification Number
State filer and provided individual filers only   State filer and provided individual filers only   Name of Employer   Occupation   NA   NA   NA   NA   NA   NA   NA   N				20003	<b>C</b> C90004185
Individual filers only  Name of Employer  NA  A. TYPE OF REPORT (check appropriate boxes):  (a)   April 15 Quarterly Report	2.	Corporate filers only	le the filer a qualified perpentit corp	orotion?	
NA  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report			is the filer a qualified horiprofit corpo	oration? La Yes	NO
4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October Quarterly Report  January 31 Year-End Report  (b) Is this Report an amendment? Yes No X  5. COVERING PERIOD: FROM  THROUGH  THROUGH  TO 1 9 9 7 7 2006  6. TOTAL CONTRIBUTIONS  7. TOTAL INDEPENDENT EXPENDITURES  Under penalty of perjury, Lordify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the traquest or suggestion of, a candidate or a cardidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation. Lordify that the opporation is a qualified nonprotit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE		Individual filers only	Name of Employer		Occupation
(a) April 15 Quarterly Report   July 15 Quarterly Report   July 15 Quarterly Report   January 31 Year-End Report   January 31 Year-End Report   January 31 Year-End Report   S. COVERING PERIOD: FROM M N O N O N O N O N O N O N O N O N O			NA		NA
(a) April 15 Quarterly Report   July 15 Quarterly Report   July 15 Quarterly Report   January 31 Year-End Report   January 31 Year-End Report   January 31 Year-End Report   S. COVERING PERIOD: FROM MM MM / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1			
July 15 Quarterly Report   January 31 Year-End Report		4. TYPE OF RE	PORT (check appropriate boxes):		
October Quarterly Report     January 31 Year-End Report     January 31 Year-End Report     (b) Is this Report an amendment? Yes   No     5. COVERING PERIOD: FROM   M		(a) $\square$ April 1	5 Quarterly Report	X 24-Hour Report	48-Hour Report
January 31 Year-End Report		☐ July 1	5 Quarterly Report		
(b) Is this Report an amendment? Yes No \( \)  5. COVERING PERIOD: FROM \( \text{M}_1 \text{ 0} \) \( \text{D}_0 \text{ 0} \) \( \text{V}_2 \text{ 0} \text{ 0} \text{ 6} \)  THROUGH  M M M V D D D V Y 2 0 0 6 Y  6. TOTAL CONTRIBUTIONS		☐ Octob	er Quarterly Report		
(b) Is this Report an amendment? Yes No \( \)  5. COVERING PERIOD: FROM \( \text{M}_1 \text{ 0} \) \( \text{D}_0 \text{ 0} \) \( \text{V}_2 \text{ 0} \text{ 0} \text{ 6} \)  THROUGH  M M M V D D D V Y 2 0 0 6 Y  6. TOTAL CONTRIBUTIONS		☐ Januar	y 31 Vear-End Report		
5. COVERING PERIOD: FROM    M   M   O   O   O   O   O   O   O   O		Janua	y 31 Teal-End Report		
5. COVERING PERIOD: FROM    M   M   O   O   O   O   O   O   O   O					
THROUGH  THROUGH  THROUGH  TOTAL CONTRIBUTIONS  TOTAL INDEPENDENT EXPENDITURES  Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  John Botts	(b) Is this Report an amendment? Yes \( \subseteq \text{No } \( \text{X} \)				
6. TOTAL CONTRIBUTIONS		5. COVERING F	PERIOD: FROM 1,0 / 0	2006	
6. TOTAL CONTRIBUTIONS			THRO	UGH	
7. TOTAL INDEPENDENT EXPENDITURES			M M / D 1 S	2006	
7. TOTAL INDEPENDENT EXPENDITURES					
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  John Botts		6. TOTAL CONT	FRIBUTIONS		0.00
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate sagent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  John Botts		U. TOTAL CON	TRIBOTIONO		
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  John Botts  10/20/2006		7. TOTAL INDE	PENDENT EXPENDITURES		13546.67
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  John Botts  10/20/2006					
TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  DATE  10/20/2006	request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures				
John Botts 10/20/2006		·			•
10/20/2000	T	PE OR PRINT NAME O	F PERSON COMPLETING FORM	SIGNATURE	DATE
10/20/2000					
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.	Jo	ohn Botts			10/20/2006
	_				

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (Rev. 09/2005)

PAGE	2 /	12
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NAME OF FILER (In Full)	NAME OF FILER (In Full)				
NARAL Pro-Choice America					
Full Name (Last, First, Middle Initial) of Payee	T				
Get Active Software, Inc.	Date				
det Active Contware, mo.	M M / D D / Y Y Y Y Y Y 1 0 1 2 0 0 6				
Mailing Address					
2855 Telegraph Street Suite 600	Amount				
City State Zip Code	.85				
Berkeley CA 94705					
Purpose of Expenditure	Office Sought: House O A7				
Website Category/ Type	State: AZ				
7,100	District: 00				
Name of Federal Candidate Supported or Opposed by Expenditure:	President President				
Jim Pederson	Check One: X Support Oppose				
Only des Very To Date Des Florifier	Disbursement For: Primary X General				
Calendar Year-To-Date Per Election for Office Sought	2006 Other (specify)				
Tot Office Sought	Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date				
Get Active Software, Inc.	M M / D D / Y Y Y				
Mailing Address	10 01 2006				
2855 Telegraph Street	Amount				
Suite 600	.85				
City State Zip Code Berkeley CA 94705					
Purpose of Expenditure Category/	Office Sought: X House State: PA				
Website Type	House Senate District: 07				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:				
Joseph Sestak	Check One: X Support Oppose				
	Disbursement For: Primary X General				
Calendar Year-To-Date Per Election	2006				
for Office Sought	Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date				
Get Active Software, Inc.					
Mailing Address	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
2855 Telegraph Street	Amount				
Suite 600	.85				
City State Zip Code					
Berkeley CA 94705					
Purpose of Expenditure Category/	Office Sought: X House State: PA				
Website Type	House Senate				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 08				
Patrick Murphy	Check One: X Support Oppose				
Calendar Year-To-Date Per Election	2006				
for Office Sought 8726.91	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	2.55				
, , , , , , , , , , , , , , , , , , , ,					
(b) SUBTOTALof Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
(carry total from last page forward to Line 7)					

NAME OF FILER (In Full)				
NARAL Pro-Choice America				
Full Name (Last Eight Middle Initial) of Payer	1 -			
Full Name (Last, First, Middle Initial) of Payee Get Active Software, Inc.	Date			
Get Active Software, Inc.	M M / D D / Y Y Y Y Y Y 1 0 1 2 0 0 6			
Mailing Address				
2855 Telegraph Street Suite 600	Amount			
City State Zip Code	.85			
Berkeley CA 94705				
Purpose of Expenditure	Office County .			
Category/	Office Sought: House State: MI			
Website Type	Senate X Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
Debbie Stabenow	Check One: X Support Oppose			
	Disbursement For: Primary X General			
Calendar Year-To-Date Per Election	2006			
for Office Sought	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
Get Active Software, Inc.				
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Mailing Address 2855 Telegraph Street	Amount			
Suite 600				
City State Zip Code	.85			
Berkeley CA 94705				
Purpose of Expenditure Category/	Office Sought: House State: NJ			
Website Type	Senate X Senate			
Name of Enderel Condidate Supported or Opposed by Evpanditure:	President District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:  Robert Menendez				
1 to Soft Monorade	Check One: X Support Oppose			
Calendar Year-To-Date Per Election	Disbursement For: Primary X General 2006			
for Office Sought 3031.94	Other (specify)			
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Full Name (Last, First, Middle Initial) of Payee	Date			
Get Active Software, Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address	10 01 2006			
2855 Telegraph Street	Amount			
Suite 600 City State Zip Code	.85			
Berkeley CA 94705				
	Office Courthy			
Purpose of Expenditure  Category/	Office Sought: X House State: PA			
Website Type	House Senate District: 06			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
Lois Murphy	Check One: X Support Oppose			
	Disbursement For: Primary X General			
Calendar Year-To-Date Per Election	2006			
for Office Sought 3063.40	Other (specify)			
'				
(a) SUBTOTAL of Itemized Independent Expenditures	2.55			
(b) SUBTOTALof Unitemized Independent Expenditures				
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(c) TOTAL Independent Expenditures				
(carry total from last page forward to Line 7)				

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NAME OF FILER (In Full)	
NARAL Pro-Choice America	
Full Name (Last, First, Middle Initial) of Payee	Date
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Mailing Address	1.0 / D D / Y Y Y O O O
Mailing Address 182 Second Street	Amount
Suite 400	450.00
City State Zip Code	
San Francisco CA 94105	
Purpose of Expenditure Category/	Office Sought: House State: AZ
Email Design Type	Senate X Senate District: _00
Name of Federal Candidate Supported or Opposed by Expenditure:	President District
Jon Kyl	Check One: Support X Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	2006
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
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Mailing Address	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
182 Second Street	Amount
Suite 400	450.00
City State Zip Code San Francisco CA 94105	
Purpose of Expenditure  Category/	Office Sought: House State: MI
Email Design Type	Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President President
Debbie Stabenow	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought 6412.98	
Tor Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
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182 Second Street	Amount
Suite 400 City State Zip Code	450.00
San Francisco CA 94105	
Purpose of Evpanditure	Office Sought: House Out NI
Email Design Category/ Type	State: 140
	District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  Robert Menendez	President
Nobelt Wellendez	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 3031.94	2006 — — — — — — — — — — — — — — — — — —
	1350.00
(a) SUBTOTAL of Itemized Independent Expenditures	
(h) OUDTOTAL of Unitarying displayed by 5 may 15 may 15 may	
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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NAME OF FILER (In Full)				
NARAL Pro-Choice America				
Full Name (Last, First, Middle Initial) of Payee	Date			
Donordigital	1 0 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address	10 19 2006			
182 Second Street	Amount			
Suite 400	450.00			
City State Zip Code San Francisco CA 94105				
Purpose of Expenditure Category/	Office Sought: X House State: PA			
Email Design Type	House Senate			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 06			
Lois Murphy	Charle Once			
	Check One: X Support Oppose			
Calendar Year-To-Date Per Election	Disbursement For: Primary X General			
for Office Sought 5085.40	2006 Other (specify)			
Tor Office Sought	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
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M.W. All	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Mailing Address 182 Second Street	Amount			
Suite 400				
City State Zip Code	450.00			
San Francisco CA 94105				
Purpose of Expenditure	Office Sought: V House Out PA			
Email Design Category/ Type	State: TA			
-	House Senate District: 07			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
Joseph Sestak	Check One: X Support Oppose			
	Disbursement For: Primary X General			
Calendar Year-To-Date Per Election	2006			
for Office Sought	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
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20.107 d.g.td.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address				
182 Second Street Suite 400	Amount			
City State Zip Code	450.00			
San Francisco CA 94105				
Purpose of Evoenditure	Office Sought:			
- up	Office Sought: X House State: PA			
Email Design Type	House Senate District: 08			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:			
Patrick Murphy	Check One: X Support Oppose			
Calendar Year-To-Date Per Election	Disbursement For: Primary X General			
for Office Sought 8726.91	Other (specify)			
( ) OUDTOTAL ( ) 1 1 1 1 1 1 5 1 5	1350.00			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTALof Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
(carry total from last page forward to Line 7)				

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NAME OF FILER (In Full)				
NARAL Pro-Choice America				
Full Name (Last, First, Middle Initial) of Payee	Date			
Donordigital	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address	10 19 2006			
182 Second Street	Amount			
Suite 400	450.00			
City State Zip Code San Francisco CA 94105				
Purpose of Expenditure Category/	Office Sought: X House State: PA			
Email Design Type	House Senate			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 08			
Michael Fitzpatrick	Check One: Support X Oppose			
Calendar Year-To-Date Per Election	Disbursement For: Primary X General			
for Office Sought 8726.91	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
Donordigital	M M / D D / Y Y Y			
Mailing Address	10 19 2006			
182 Second Street	Amount			
Suite 400	450.00			
City State Zip Code	450.00			
San Francisco CA 94105				
Purpose of Expenditure Category/	Office Sought: House State: WA			
Email Design Type	Senate X Senate			
-	President District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:  Maria Cantwell				
Ividità Oditiwell	Check One: X Support Dppose			
	Disbursement For: Primary X General			
Calendar Year-To-Date Per Election for Office Sought 13015.62	2006			
for Office Sought	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
Get Active Software, Inc.				
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2855 Telegraph Street	Amount			
Suite 600				
City State Zip Code	85.09			
Berkeley CA 94705				
Purpose of Expenditure	Office Sought: House State: AZ			
Email Launch Category/ Type	State: 712			
1,740	District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
Jon Kyl	Check One: Support X Oppose			
	Disbursement For: Primary X General			
Calendar Year-To-Date Per Election	2006 — —			
for Office Sought	Other (specify)			
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(a) SUBTOTAL of Itemized Independent Expenditures	985.09			
(-)				
(b) SUPTOTAL of Uniterprized Independent Expanditures				
(b) SUBTOTALof Unitemized Independent Expenditures				
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NAME OF FILER (In Full)	
NARAL Pro-Choice America	
Full Name (Last, First, Middle Initial) of Payee	Date
Get Active Software, Inc.	
M T A LI	
Mailing Address 2855 Telegraph Street	Amount
Suite 600	85.09
City State Zip Code	
Berkeley CA 94705	
Purpose of Expenditure Category/	Office Sought: House State: MI
Email Launch Type	Senate X Senate District: _00
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
Debbie Stabenow	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 6412.98	2006 — • —
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Get Active Software, Inc.	M M / D D / Y Y Y
Mailing Address	10 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2855 Telegraph Street	Amount
Suite 600 City State Zip Code	85.09
Berkeley CA 94705	
Purpose of Evpanditure	Office Sought: House Out N.I.
Email Launch Category/	State: 140
	Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  Robert Menendez	
	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 3031.94	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Get Active Software, Inc.	
Matter Address	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2855 Telegraph Street	Amount
Suite 600	85.09
City State Zip Code Berkeley CA 94705	
•	l organization
Purpose of Expenditure  Category/	Office Sought: X House State: PA
Email Launch Type	House Senate District: 06
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Lois Murphy	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 5085.40	2006 Other (specify)
· ·	
(a) CUDTOTAL of Housing display and art Funny diturns	255.27
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTALof Unitemized Independent Expenditures	
(b) GOD TO TREDI OTIROTII 200 TII dopondotir Experiatures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

NAME OF FILER (In Full)	,
NARAL Pro-Choice America	
Full Name (Last, First, Middle Initial) of Payee	T
Get Active Software, Inc.	Date
dot / louvo contrato, mo.	10 19 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
2855 Telegraph Street Suite 600	
City State Zip Code	85.09
Berkeley CA 94705	
Purpose of Expenditure Category/	Office Sought: X House State: PA
Email Launch Type	House Senate State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 07
Joseph Sestak	
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 11627.28	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
Get Active Software, Inc.	Date
	1 0 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
2855 Telegraph Street Suite 600	
City State Zip Code	85.09
Berkeley CA 94705	
Purpose of Expenditure Category/	Office Sought: X House State: PA
Email Launch Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 08
Patrick Murphy	
. ,	
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 8726.91	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
Get Active Software, Inc.	Date
	1.0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2855 Telegraph Street	Amount
Suite 600	85.09
City State Zip Code	83.09
Berkeley CA 94705	
Purpose of Expenditure Category/	Office Sought: X House State: PA
Email Launch Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 08
Michael Fitzpatrick	Check One: Support X Oppose
Calendar Year-To-Date Per Election	2006
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	255.27
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

PAGE	9 /	12
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NAME OF FILER (In Full) NARAL Pro-Choice America Full Name (Last, First, Middle Initial) of Payee Date Get Active Software, Inc. 2006 Mailing Address Amount 2855 Telegraph Street Suite 600 85.09 State Zip Code City CA 94705 Berkeley Purpose of Expenditure Office Sought: House State: WA Category/ **Email Launch** Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2006 13015.62 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Get Active Software, Inc. 2006 Mailing Address Amount 2855 Telegraph Street Suite 600 .85 City State Zip Code Berkeley CA 94705 Purpose of Expenditure Office Sought: House State: WA Category/ Website Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 13015.62 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date NARAL Pro-Choice America Foundation 2006 Mailing Address Amount 1156 15th Street, NW Suite 700 1157.50 Zip Code City State 20005 DC Washington Purpose of Expenditure Office Sought: State: WA Category/ House List Rental Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Maria Cantwell Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2006 13015.62 for Office Sought Other (specify) 1243.44 (a) SUBTOTAL of Itemized Independent Expenditures . (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

PAGE	10	/	12
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NAME OF FILER (In Full)	
NARAL Pro-Choice America	
Full Name (Last, First, Middle Initial) of Payee	Date
NARAL Pro-Choice America Foundation	
	10 19 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1156 15th Street, NW	Amount
Suite 700	1157.50
City State Zip Code	
Washington DC 20005	
Purpose of Expenditure Category/	Office Sought: X House State: PA
List Rental Type	House Senate District: 08
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
Michael Fitzpatrick	Check One: Support X Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 8726.91	2006 — , —
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
NARAL Pro-Choice America Foundation	M M / D D / Y Y Y
Mailing Address	10 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1156 15th Street, NW	Amount
Suite 700 City State Zip Code	1157.50
Washington DC 20005	
Purpose of Evpanditure	Office Sought: V House Out PA
List Rental Category/ Type	State: 1A
7,54	House Senate District: 08
Name of Federal Candidate Supported or Opposed by Expenditure:  Patrick Murphy	
T during Marphy	Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 8726.91	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
NARAL Pro-Choice America Foundation	Date
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1156 15th Street, NW	Amount
Suite 700	1157.50
City State Zip Code	
Washington DC 20005	
Purpose of Expenditure  Category/	Office Sought: X House State: PA
List Rental Type	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
Joseph Sestak	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	2006 Other (specify)
	3472.50
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) CURTOTAL of Unitermized Independent Funerality use	
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full) NARAL Pro-Choice America Full Name (Last, First, Middle Initial) of Payee Date NARAL Pro-Choice America Foundation 2006 Mailing Address Amount 1156 15th Street, NW Suite 700 1157.50 State Zip Code DC 20005 Washington Purpose of Expenditure Office Sought: Х House State: PA Category/ List Rental Type House Senate District: \_06 Name of Federal Candidate Supported or Opposed by Expenditure: President Lois Murphy Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2006 5085.40 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date NARAL Pro-Choice America Foundation 2006 Mailing Address Amount 1156 15th Street, NW Suite 700 1157.50 Zip Code City State Washington DC 20005 Purpose of Expenditure Office Sought: House State: NJ Category/ List Rental Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Robert Menendez Check One: χ Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 3031.94 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date NARAL Pro-Choice America Foundation 2006 Mailing Address Amount 1156 15th Street, NW Suite 700 1157.50 Zip Code State City 20005 DC Washington Purpose of Expenditure Office Sought: State: MI Category/ House List Rental Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow Check One: x Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2006 6412.98 for Office Sought Other (specify) 3472.50 (a) SUBTOTAL of Itemized Independent Expenditures . (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

## Image# 26960560782 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF FILER (In Full)

NARAL Pro-Choice America			
Full Name (Last, First, Middle Initial) of Payee			Date
NARAL Pro-Choice America Foundation			M M / D D / Y Y Y Y
Mailing Address 1156 15th Street, NW Suite 700			Amount
City Washington	State DC	Zip Code 20005	1157.50
Purpose of Expenditure		Category/	Office Sought: House State: AZ
List Rental		Type	Senate X Senate
Name of Federal Candidate Supported or Oppose	d by Expenditure:		President District: 00
Jon Kyl			Check One: Support X Oppose
Calendar Year-To-Date Per Election		14510.02	Disbursement For: Primary X General 2006
for Office Sought		14510.02	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditu			
(b) SUBTOTALof Unitemized Independent Expendent	ditures		
(c) TOTAL Independent Expenditures(carry total from last page forward to Li			13546.67